

# BAH RECERTIFICATION GUIDE

FOR INDIVIDUAL RESERVISTS

### INTRODUCTION

Individual Reservists may, from time to time, need to certify or recertify their Basic Allowance for Housing. The following pages contain use-cases for the most common scenarios IRs find themselves in concerning BAH entitlements.

Questions and documentation should be submitted to the HQ RIO Reserve Pay Office:

**DSN:** 847-3711

**Commercial** 720-847-3711

Fax: 720-847-3960

Email: Arpc.riorpo.1@us.af.mil

**Mailing Address:** 

HQ RIO/IRO

Attn: Reserve Pay Office

18420 E. Silver Creek Ave.

Bldg. 390, MS68

Buckley AFB, CO 80011

### FORMS AND SUPPORTING DOCUMENTATION

The Air Force Form 594 is the primary document used in certifying/recertifying BAH. It is available in XFDL and PDF format. Documents must be submitted to the HQ RIO Reserve Pay Office with a wet signature. The below excerpt from AFMAN 65-116 V1 governs Basic Allowance for Housing.

- AF 594 (XFDL)
- AF 594 (PDF)
- AFMAN 65-116 V1

# SINGLE, CLAIMING DEPENDENTS

- 1. Fill out AF 594, following the example below
- 2. Submit supporting documentation to HQ RIO RPO
  - Youngest child's birth certificate
- 3. Sample AF 594:

APPLICATION A FOR	ND AUTH	ORIZATION TO START, ERS (BAQ) OR DEPEND	STOP OR CH	ANGE BASIC	ALLOWA	NCE	
AUTHORITY: 37 USC 043, Public Law! PURPOSE: To start, adjust or terminate ROUTINE USE(S): Information may be tax deducted, Department of Veteran At, possible violations of the law, the Ameri to determine needs of a member or depp insurance companies for allottenet incre-	96-343, EQ 9 e military medisclosed to fairs for educion Red Cro endents in en	pagg PRIVACY ACT STAT mber's entitlement to BAQ the Internal Revenue Service for action and group life insurance in sess for information concerning the mergency situations and for verifications of the state of the mergency situations and for verifications of the state of the st	EMENT Singler tax information on information, and the ineeds of the men fication of loan apportunity.	e - W/Depend members Social S Department of Jus aber or dependents lications, state and	ecurity Adn tice for inve emergency local gover	estigating or prosecuting y situations, the Air Force roments for tax and welfare	
DISCLOSURE: Voluntary. However, faile	ure to provid	nancial institutions, for deposits e all information including Social	and/or payments. Security Number (	SSM) may result in	nannauman	of RAO	
PART A - IDENTIFICAT	ION & DUT	LOCATION		IOUSING OFFICE			
1. NAME (Last, First, MI)						INATION OF QUARTERS	
PUBLIC, JOHN Q 2. SSN	1	QUARTERS ARE NOT ASSIGNED. DATE:					
123-45-6789	3. GRADE MSGT	4. PHONE DSN 111-1111	ADEQUATE QUA	RTERS	NED TE	RMINATED UNIT #	
5. DUTY LOCATION (Base, State, ZIP Coo GENERIC AFB, CO, 80000	de or Country,		INADEQUATE QUEFFECTIVE DAT	JARTERS ASSIG	-	ERMINATED	
PART B - MARITAL/D	EPENDENT	STATUS		ARTERS OCCUPIED	) - UNIT #	UNIT #	
6 SINGLE, NO DEPENDENTS	SINGLE,	CLAIMING DEPENDENT(S)	EFFECTIVE DAT		Similar	TO:	
MARRIED - SPOUSE IS A CIVILIAN			TITLE				
IF MILITARY SPOUSE - NAME, SSN, BRAN			1				
OF MARRIAGE:	NCH OF SER	VICE, STATION AND DATE	SIGNATURE				
DIVORCED	LEGALLY	SEPERATED	DATE				
(Date)		(Date)					
7. NON-CUSTODIAL PARENTS: I PAY	THE FULL	AMOUNT OF WITH-DEPENDENT I	RATE BAQ, OR	\$ .00 PF	RE MONTH I	FOR DEPENDENT SUPPORT	
BASED ON: a. DIVORCE DECREE						MENT WITH CHILD'S	
8. I CLAIM BAQ FOR THE DEPENDEN	NI 🛛 IN	NOT IN MY CUSTODY LISTED	BELOW (Effective I	Date): BIRTH D	ATE		
Note: Indicate the civilian dependent you	are claimin	g and the relationship (i.e., spou	se, legitimate, illeg	itimate, incapacitate	ed, adopted	d, step-child or parent) if	
dependent is a child include the date of t (a) NAME (Last, First, MI)	birth (DOB)					- 5	
PUBLIC, JANE, Q		(b) ADDRESS, CITY, STATE, Z		(c) RELATION	ISHIP	(d) DOB	
FOBLIC, JAINE, Q		123 MAIN ST, BASE X AF	B, CO 80000	DAUGHTER		20021001	
9. IF DEPENDENT NAMED ABOVE IS A CHI NAME	ILD WHOSE F	PARENT IS A MILITARY MEMBER, SSN	OR THE SPOUSE O	F A MEMBER PROVI	DE THE FO	LLOWING	
NAME		22N	BRANCH	OF SERVICE		STATION	
	PAG	RT C- MEMBERS CERTIFICATION	(For mombors with	dd			
☐ I certify that I provide adequate supp named dependents will result in stopy CERTIFICATION FOR MEMBERS RECE I certify that this is my first applicatio I understand that my failure to comply statement or claim against the US G connection with a claim is a maximu well as any changes in my housing a appropriate requirements may cause	ort (see AFF ping BAQ, an IVING BAQ FO IVING BAQ IVING BAQ IVING BAQ IVING BAG IVING BAQ	2 35-18) for the dependents nam of recouping allowances paid for DR SECONDARY DEPENDENTS (F	ed above. I am awa any prior periods of arent, adopted, ille- last application was It in cancellation of I that the penalty fo s, or both. I will rep- and Finance Office	are that failure to act from support gitimate incanacitate filed. DATE (II my BAO. Furtherm r willfully making a ort any changes of (AFO). Lalso under	F KNOW ore, I under false claim dependent	r sten-child) N) rstand that making a false , or false statement in s status or residence, as	
MEMBER'S SIGNATURE			1			DATE DATE	
SIGNATURE		John Q Public	(Wet Sig.	nature Onl	4)	TODAY'S DATE	
		OFFICIAL USE C	DNLY	The Difference of the Control of the	//	Sitt O Ditte	
START CHANGE	CANCEL	REPORT STOP	PARTIAL	☐ WITHOUT D		WITH DEPENDENT	
DEPENDENCY DETERMINATION: I have	determined	that the above named individual is	dependent on the n	nember based on be	ing	1	
Spouse Single member claiming I	egitimate chi	ld in custody of another Le	gitimate child in sing	le members custody	Parer	nts Stepchild	
Adopted Child Incapacitated Chi	ild 🗌 Illegi	timate child or Child, memb	er to member marria	age			
noted here  I have reviewed documents that su						100000000000000000000000000000000000000	
TITLE OF CERTIFYING OFFICIAL		SIGNATURE	mmary 1180630				
SERVIII TING OFFICIAL		SIGNATURE	RE	OFFICE ADDRE	55	DATE	
AF Form 504 NOV 00		BREVIOUS EDITION IS					

# MARRIED TO CIVILIAN

- 1. Fill out AF 594, following the example below
- 2. Submit supporting documentation to HQ RIO RPO
  - Marriage certificate
- 3. Sample AF 594:

APPLICATION AND A	UTH	ORIZATION TO START	. STOP OR CH	ANGE BASIC	ALL 014	MANOE
. 011 407	W. I. F.	NO (BAQ) OR DEPENL	DENCY REDET	ERMINATION	ALLOW	ANCE
AUTHORITY: 37 USC 043, Public Law 96-345 PURPOSE: To start, adjust or terminate mitta ROUTINE USE(S): Information may be disclos lax deducted, Department of Veteran Affairs fo possible violations of the law, the American Re to determine needs of a member or dependent INSURFANCE COMPANIES OF AUTHORITY (September 1997).	ry mer ed to l er educe ed Cro s in en	mber's entitlement to BAQ the Internal Revenue Service fi action and group life insurance as for information concerning to mergency situations and for ver	TEMENT  or tax information of information, and the needs of the merification of loan apprint the mean apprint the needs of the merification of loan apprint the needs of the n	Married to C n members Social S e Department of Jus mber or dependents plications, state and	Security Ac stice for in s emergen	vestigating or prosecuting cy situations, the Air Force
DISCLOSURE: Voluntary. However, failure to p PART A - IDENTIFICATION &	NOVIUE	ali information including Socia	al Security Number	(SSN) may result in	nonpayme	ent of BAQ
1. NAME (Last, First, MI)	DUTY	LOCATION		HOUSING OFFICE	OF BILLE	TING OFFICIAL
PUBLIC, JOHN Q			OLIABTERS AR	ABILITY/ASSIGNM	IENT/TER	MINATION OF QUARTERS
2. SSN 3. GR		4. PHONE	ADEQUATE QUA	E NOT ASSIGNED [	1.000	NAME OF THE OWNER OWNER OWNER OF THE OWNER OWNE
123-45-6789 MSC 5. DUTY LOCATION (Base, State, ZIP Code or Co		DSN 111-1111	EFFECTIVE DAT	E: ASSIG	NED 🗌 T	ERMINATED UNIT #
GENERIC AFB, CO, 80000	ountry)		INADEQUATE C	UARTERS ASSI	GNED [	TERMINATED
PART B - MARITAL/DEPENI	DENT	STATUS	The state of the s	ARTERS OCCUPIED		UNIT #
6 SINGLE, NO DEPENDENTS SINC			EFFECTIVE DAT		) - UNII #	TO:
MARRIED - SPOUSE IS A CIVILIAN N	ULITAC	NACHOED	TITLE	77 11/5/80		10:
IF MILITARY SPOUSE - NAME, SSN, BRANCH OF	SEDV	TOE STATION AND DATE				
OF MARRIAGE:	SERV	ICE, STATION AND DATE	SIGNATURE			
DIVORCED LEG	ALLY:	SEPERATED	DATE			
7. NON-CUSTODIAL PARENTS: I PAY THE F	1111 41	(Date)				
BASED ON: a. DIVORCE DECREE b.	COUR	MOUNT OF WITH-DEPENDENT T ORDER  c.   LEGAL SEPAR	RATE BAQ, OR   RATION AGREEMENT	\$00 PF	RE MONTH	FOR DEPENDENT SUPPORT
8.1 X CLAIM BAO FOR THE DEPENDENT X		7		CUSTO	DIAN	MERT WITH CHIED'S
8.1 CLAIM BAQ FOR THE DEPENDENT Note: Indicate the civilian dependent you are of		NOT IN MY CUSTODY LISTED	BELOW (Effective	Date): MARRIA	GE DAT	E
Note: Indicate the civilian dependent you are cla dependent is a child include the date of birth (Di	OB)	and the relationship (i.e., spot	ise, legitimate, illeg	itimate, incapacitate	ed, adopte	d, step-child or parent) if
(a) NAME (Last, First, MI)		(b) ADDRESS, CITY, STATE, Z	IP or COUNTRY	(c) RELATION	SHIP	(d) DOB
PUBLIC, JANE, Q	1	23 MAIN ST, BASE X AI		SPOUSE		19700501
) IE DEDENDENT NAMED AROUS						
9. IF DEPENDENT NAMED ABOVE IS A CHILD WHO NAME	OSE PA	ARENT IS A MILITARY MEMBER,	OR THE SPOUSE O	F A MEMBER PROVI	DE THE FO	LLOWING
		3311	BRANCH	OF SERVICE		STATION
	PART	C- MEMBERS CERTIFICATION	For members with a	denendents)		
I certify that I provide adequate support (see named dependents will result in stopping BAC CERTIFICATION FOR MEMBERS RECEIVING B I certify that this is my first application.	AFR C Q, and AQ FOR	35-18) for the dependents nam recouping allowances paid for R SECONDARY DEPENDENTS (P ✓ NO If no give data years	ed above. I am awa any prior periods of Parent, adopted, ille	re that failure to ad nonsupport gitimate incanacital	led child o	r sten-child)
I understand that my failure to comply with it statement or claim against the US Governme connection with a claim is a maximum fine of well as any changes in my housing arrangem appropriate requirements may cause involun	\$10,0	nonstrained by court martial and 100 or imprisonment for 5 years mmediately to the Accounting in plection of any resulting indebt	r that the penalty for s, or both. I will repo and Finance Office dedness retroactive	r willfully making a l ort any changes of c (AFO). I also under to the date the entit	false claim dependent	, or false statement in 's status or residence, as my failure to comply with came erroneous.
SIGNATURE		The Q Beble 1	11.15	1 ~ 1		DATE
		John Q Roblic (	Wet Dignat	wre Only)		TODAY'S DATE
START CHANGE CANCE	. 1-			U		
			PARTIAL	☐ WITHOUT DE	PENDENT	☐ WITH DEPENDENT
DEPENDENCY DETERMINATION: I have determine	ned tha	at the above named individual is	dependent on the m	ember based on beir	ng	
Spouse Single member claiming legitimate	child	in custody of another Leg	gitimate child in singl	e members custody	Paren	ts Stepchild
Adopted Child Incapacitated Child I	llegitin	nate child or Child, member	er to member marria	ge		
I have determined that the above named in noted here						
I have reviewed documents that support cla	aim the	at member is E-7 or above and	no military necess	ity requires the men	nber to res	ide off base.
TITLE OF CERTIFYING OFFICIAL		SIGNATURE		OFFICE ADDRES		DATE
		SIGNATUR	RE		ā.	S. ILE
				-1		1

PREVIOUS EDITION IS OBSOLETE

### MILITARY MARRIED TO MILITARY

### With dependents

- 1. Fill out AF 594, following the example below
- 2. Submit supporting documentation to HQ RIO RPO
  - Marriage certificate
  - Youngest child's birth certificate
- 3. Sample AF 594:

APPLICATION AND AUTH	ORIZATION TO START, S RS (BAQ) OR DEPENDE	STOP OR CHAI	NGE BASIC A	LLOWA	NCE
AUTHORITY: 37 USC 043, Public Law 96-343, EQ 9 PURPOSE: To start, adjust or terminate military me ROUTINE USE(S): Information may be disclosed to tax deducted. Department of Veteran Affairs for edu possible violations of the law, the American Red Crc to determine needs of a member or dependents in ex-	page 7 PRIVACY ACT STATE of the internal Revenue Service for usation and group life insurance inference situation and group internal inter	Mil to lax information on mormation, and the D needs of the memb cation of loan applic	o Mil- W/ De nembers Social Se lepartment of Justi er or dependents e ations, state and le	curity Admi ce for inves emergency ocal govern	inistration or information on stigating or prosecuting situations, the Air Force ments for tax and welfare
DISCLOSURE: Voluntary. However, failure to provid		Security Number (SS	in) may result in n	onpayment	OF BAC
PART A - IDENTIFICATION & DUT  1. NAME (Last, First, MI)	Y LOCATION		USING OFFICE O		NG OFFICIAL NATION OF QUARTERS
PUBLIC, JOHN Q		QUARTERS ARE N	OT ASSIGNED	DATE:	
2. SSN 3. GRADE 123-45-6789 MSGT	4. PHONE DSN 111-1111	ADEQUATE QUAR EFFECTIVE DATE:			MINATED
5. DUTY LOCATION (Base, State, ZIP Code or Country)		INADEQUATE QUA	ARTERSACCION	UED TE	RMINATED
GENERIC AFB, CO, 80000		EFFECTIVE DATE:	_		UNIT #
PART B - MARITAL/DEPENDENT	STATUS		RTERS OCCUPIED	- UNIT #	201
6 SINGLE, NO DEPENDENTS SINGLE,		EFFECTIVE DATE:	5 FROM:		то:
MARRIED - SPOUSE IS A CIVILIAN V MILITA					
IF MILITARY SPOUSE - NAME, SSN, BRANCH OF SER OF MARRIAGE:	VICE, STATION AND DATE	SIGNATURE			
PUBLIC, JANE, Q 123-45-6788, USAF, BA	ASE X AFB, YYYYMMDD				
DIVORCED LEGALLY	SEPERATED	DATE			
(Date)	(Date)			E 1101:27	OD DEDENDENT CURREST
7. NON-CUSTODIAL PARENTS: I PAY THE FULL  BASED ON: a. DIVORCE DECREE b. COU					OR DEPENDENT SUPPORT
			CUSTO	DIAN	
8. I CLAIM BAQ FOR THE DEPENDENT VIN	NOT IN MY CUSTODY LISTED	BELOW (Effective D	ate): BIRTH DA	ATE	
Note: Indicate the civilian dependent you are claiming	ng and the relationship (i.e., spous	se, legitimate, illegit	imate, incapacitate	d, adopted	, step-child or parent) if
dependent is a child include the date of birth (DOB)		T	(c) RELATION:	ouro T	(d) DOB
(a) NAME (Last, First, MI)	(b) ADDRESS, CITY, STATE, ZII		DAUGHTER	SHIP	YYYYMMDD
PUBLIC, JENNIE Q	123 MAIN ST, BASE X AF	B, CO 80000	DAUGHTER		TTTTWINDD
9. IF DEPENDENT NAMED ABOVE IS A CHILD WHOSE	PARENT IS A MILITARY MEMBER.	OR THE SPOUSE OF	A MEMBER PROVI	DE THE FO	LLOWING
NAME	SSN	BRANCH O	F SERVICE		STATION
PUBLIC, JANE Q	123-45-6788	USAF		BASE X	AFB, CO
D/	ART C- MEMBERS CERTIFICATION (	For members with d	ependents)	lamintali -	useed the above
✓ I certify that I provide adequate support (see AF named dependents will result in stopping BAQ. CERTIFICATION FOR MEMBERS RECEIVING BAQ I I certify that this is my first application YES	ond recouping allowances paid for FOR SECONDARY DEPENDENTS (P	any prior periods of arent, adopted, illeg last application was	nonsupport iltimate incanacita filed. DATE (II	ted child or F KNOW	sten-child) N)
I certify that this is thy this application.  I understand that my fallure to comply with the estatement or claim against the US Government connection with a claim is a maximum fine of \$1 well as any changes in my housing arrangemen appropriate requirements may cause involuntary	applicable requirements may result is punishable by court martial and 0,000 or imprisonment for 5 years	It in cancellation of I that the penalty for s, or both. I will repo	my BAQ. Furtherm willfully making a ort any changes of (AEO). Lalso unde	ore, i unde false claim dependent rstand that	rstand that making a faise , or false statement in is status or residence, as my failure to comply with came erroneous.
MEMBER'S SIGNATURE	11 0	DAA 1	-15	011	DATE
SIGNATURE	John 9	Tublic (	18+ )1g	(nly)	TODAY'S DATE
	OFFICIAL USE C				WITH DEPENDENT
START CHANGE CANCEL	REPORT STOP	PARTIAL	WITHOUT D		WITH DEPENDENT
DEPENDENCY DETERMINATION: I have determined  Spouse Single member claiming legitimate c	that the above named individual is	dependent on the m gitimate child in sing	lemper based on be le members custod	y 🔲 Parei	nts Stepchild
Adopted Child Incapacitated Child Ille	nitimate child or Child, memb	er to member marria	ge		
I have determined that the above named indi- noted here	vidual is not dependent on membe	er or eligible to be a	dependent of men	nber. Reas	ons for disapproval are
☐ I have reviewed documents that support clair	n that member is E-7 or above an	d no military necess	ity requires the me	ember to re	side off base.
TITLE OF CERTIFYING OFFICIAL	SIGNATURE		OFFICE ADDRE		DATE
THE OF GERTIFFING OFFIGINE	SIGNATU	RE			

PREVIOUS EDITION IS OBSOLETE

#### Without dependents

- 1. Fill out AF 594, following the example below
- 2. Submit supporting documentation to HQ RIO RPO
  - Marriage certificate
- 3. Sample Air Force Form 594:

APPLICATION A	ND AUT	HORIZATION TO START	, STOP OR CH	ANGE BASIC ALLOW	ANCE
AUTHORITY: 37 USC 043 Public Law 9	16-242 EC	PRIVACY ACT STA	TEMENT	ERMINATION	20.00.000 (A. C.
PURPOSE: To start adjust or terminate	military m	ombods settle 11 min	Mil	to Mil - No Dependa	nts
ROUTINE USE(S): Information may be of tax deducted, Department of Veteran Aft possible violations of the law, the American	lisciosed to airs for ed	the Internal Revenue Service for	or tax information o	n members Social Security Ad	dministration or information or
possible violations of the law, the America	oon Dod C	facility and group me mourance	miormation, and the	e Department of Justice for in	vestigating or prosecuting
to determine needs of a member or depe insurance companies for allotment inform	endents in	emergency situations and for ver	rification of loan and	olications, state and local gove	cy situations, the Air Force
insurance companies for allotment inform	nation and	financial institutions, for deposit	s and/or payments.	modificito, state and local gove	eriments for tax and welfare
DISCLOSURE: Voluntary. However, failu PART A - IDENTIFICATI	ION & DU	de all information including Socia	al Security Number	(SSN) may result in nonpayme	ent of BAQ
1. NAME (Last, First, MI)	ON & DU	LOCATION	— wan	HOUSING OFFICE or BILLE	TING OFFICIAL
PUBLIC, JOHN, Q			NON-AVAIL	ABILITY/ASSIGNMENT/TER	MINATION OF QUARTERS
2. SSN	3. GRADE	4. PHONE		E NOT ASSIGNED DATE:	
	MSGT	DSN 111-1111	ADEQUATE QUA	ARTERS ASSIGNED T	ERMINATED
5. DUTY LOCATION (Base, State, ZIP Code	e or Countr	v)	EFFECTIVE DAT		UNIT #
GENERIC AFB, CO, 80000			INADEQUATE OF	ASSIGNED ASSIGNED	TERMINATED
PART B - MARITAL/DI	EPENDEN	T STATUS	100001111111111111111111111111111111111	IARTERS OCCUPIED - UNIT #	UNIT #
6 SINGLE, NO DEPENDENTS	SINCLE	CLANAINO DEDENDENTE	EFFECTIVE DAT		*MONOTONIC C
			TITLE	E3 FROM:	TO:
MARRIED - SPOUSE IS A CIVILIAN	MILIT.	ARY MEMBER	IIILE		
IF MILITARY SPOUSE - NAME, SSN, BRAN	CH OF SEF	RVICE, STATION AND DATE			
OF MARRIAGE:			SIGNATURE		
PUBLIC, JANE, Q, 123-45-6789, 1	USAF, B.	ASE X AFB, YYYYMMDD	)		
DIVORCED	LEGALL	Y SEPERATED	DATE		
(Date)		(Date)			
7. NON-CUSTODIAL PARENTS: I PAY	THE FULL	AMOUNT OF WITH-DEPENDENT	RATE BAQ. OR	S 00 PRE MONTH	FOR DEPENDENT SUPPORT
BASED ON: a. DIVORCE DECREE	b. COU	RT ORDER C TIEGAL SERAR	ATION ACRES I		FOR DEPENDENT SUPPORT
1 <del>2-1</del> 3		SINDEN S. LEGAL SEPAR	ATION AGREEMENT	CUSTODIAN	MENT WITH CHILD'S
8. I CLAIM BAQ FOR THE DEPENDENT	T 🛛 IN	NOT IN MY CUSTODY LISTED	BELOW (Effective	0-4-1 0.00 0.0	
		ng and the relationship (i.e. spor	ise legitimate illeg	sitimate inconscillated and the	-1E
	irth (DOB)	, , , , ,	ioo, rogilimato, meg	пинате, пісараспатей, адорге	d, step-child or parent) if
(a) NAME (Last, First, MI)		(b) ADDRESS, CITY, STATE, Z	IP or COUNTRY	(c) RELATIONSHIP	(d) DOB
PUBLIC, JANE, Q		123 MAIN ST, BASE X AI	B, CO 80000	SPOUSE	YYYYDDMM
				41.0002	TTTTDDWW
9. IF DEPENDENT NAMED ABOVE IS A CHIL	D WHOSE	DADENTIC A MUSTA BULLIA			
9. IF DEPENDENT NAMED ABOVE IS A CHIL NAME	D WHOSE	PARENT IS A MILITARY MEMBER,	OR THE SPOUSE O	F A MEMBER PROVIDE THE FO	LLOWING
		5011	BRANCH (	OF SERVICE	STATION
	PΔ	RT C- MEMBERS CERTIFICATION	(5		
I certify that I provide adequate suppor					AND THE RESIDENCE OF THE PARTY
named dependents will result in stoppid	ng BAQ, ar	nd recouping allowances paid for	any prior periods of	are man ranure to adequately s f nonsunnort	support the above
OLIVIII ICATION FOR MEMBERS RECEIV	ING BAO F	OR SECONDARY DEPENDENTS /	grant adopted ille	william and a factor of the state of	r sten-child)
I understand that my failure to comply statement or claim against the US Gov	with the ap	oplicable requirements may resu	It in cancellation of	my BAQ. Furthermore, I unde	rstand that making a false
connection with a claim is a maximum	fine of \$10	000 or imprisonment for F	that the penalty for	r willfully making a false claim	, or false statement in
well as any changes in my housing arm	angements	immediately to the Accounting	and Finance Office	Off any changes of dependent	's status or residence, as
	nvoluntary	collection of any resulting indebi	edness retroactive	to the date the entitlement he	my railure to comply with
MEMBER'S SIGNATURE		TI = 0.	. /		DATE
SIGNATURE		John Q Publ	ic (Wet	Signature Only)	TODAY'S DATE
		OFFICIAL USE C	INILY	signature oring)	TODAYSDATE
START CHANGE					
	CANCEL		PARTIAL	WITHOUT DEPENDENT	WITH DEPENDENT
DEPENDENCY DETERMINATION: I have d	letermined	that the above named individual is	dependent on the m	ember based on being	A STATE OF THE PROPERTY OF THE
Spouse Single member claiming leg	gitimate chi	ld in custody of another Lec	itimate child in sing	le members custody	ote Chessell
Adopted Child Incapacitated Child	Illegi	timate child or Child member	er to member marrie	Parer	its Stepchild
I have determined that the above na noted here	med indivi	dual is not dependent on membe	r or eligible to be a	ge dependent of member. Reaso	ons for disapproval are
I have reviewed documents that support the support of the sup	port claim	that member is E-7 or above and	no military necess	ity requires the member to re	side off base.
TITLE OF CERTIFYING OFFICIAL		SIGNATURE		OFFICE ADDRESS	DATE
		SIGNATUR			
		SIGNATUR	( CONTRACTOR OF STATE		

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## DIVORCED

#### **Custodial dependency**

- 1. Fill out AF 594, following the example below
- 2. Submit supporting documentation to HQ RIO RPO
  - Divorce decree showing custody (notarized and signed copy)
  - Youngest child's birth certificate
- 3. Sample AF 594:

ADDI ICATION AND AUG	The Deve	IVULIVI	,			
FOR QUART	HORIZATION TO START, TERS (BAQ) OR DEPENDE	STOP OR CH	ANGE BASIC	ALLOW.	ANCE	
AUTHORITY: 37 USC 043, Public Law 96-343, E- PURPOSE: To start, adjust or terminate military in ROUTINE USE(S): Information may be disclosed i lax deducted, Department of Veteran Affairs for e possible violations of the law, the American Red ( to determine needs of a member or dependents in insurance companies for a literactivities.	p 9397 PRIVACY ACT STATE nember's entitlement to BAQ the Internal Revenue Service for fucation and group life insurance in tross for information concerning the emergency situations and for verifi-	EMENT Div tax information on formation, and the e needs of the men cation of loan appl	orced - Custo members Social S Department of Jus iber or dependents ications, state and	ecurity Ad tice for inv emergence local gove	restigating or prose by situations, the Air proments for tax and	cutina
bloobooke. Voluntary. However, failure to prov	ide all information including Social	Security Number (S	SSN) may result in i	nonpayme	nt of BAQ	
PART A - IDENTIFICATION & DU  1. NAME (Last, First, MI)	TY LOCATION	Н	OUSING OFFICE	or BILLET	ING OFFICIAL	
PUBLIC, JOHN O		NON-AVAILA	BILITY/ASSIGNM	ENT/TERM	MINATION OF QUA	RTERS
2. SSN 3. GRADI	4. PHONE	QUARTERS ARE	NOT ASSIGNED	DATE:		
123-45-6789 MSGT		ADEQUATE QUA	RTERS		RMINATED	
5. DUTY LOCATION (Base, State, ZIP Code or Count.	DSN 111-1111	EFFECTIVE DATE		NED [	UNIT #	
GENERIC AFB, CO, 80000		INADEQUATE QU EFFECTIVE DATE		NED T	ERMINATED UNIT #	
PART B - MARITAL/DEPENDEN		TRANSIENT QUA	RTERS OCCUPIED	- UNIT #	5,417	
6 SINGLE, NO DEPENDENTS SINGLE	. CLAIMING DEPENDENT(S)	EFFECTIVE DATE			TO:	
MARRIED - SPOUSE IS A CIVILIAN MILIT	ARY MEMBER	TITLE				
IF MILITARY SPOUSE - NAME, SSN, BRANCH OF SE	RVICE, STATION AND DATE					
OF MARRIAGE:		SIGNATURE				
1						
DATE    Control   Control						
7. NON-CUSTODIAL PARENTS: I PAY THE FULL	(Date)					
PASED ON THE FOLL	AMOUNT OF WITH-DEPENDENT R	ATE BAQ, OR	\$00 PR	E MONTH	FOR DEPENDENT S	SUPPORT
BASED ON: a. DIVORCE DECREE b. COI	JRT ORDER c. LEGAL SEPARA	TION AGREEMENT,	OR d. WRITTE	N AGREE	MENT WITH CHILD'S	3
8.1 CLAIM BAQ FOR THE DEPENDENT IN	NOT IN MY CUSTODY LISTED	ST 014 /54	CUSTO	DIAN		
		ELOW (Effective L	date of dec	cree/cour	t ord_	
dependent is a child include the date of birth (DOB)	ing and the relationship (i.e., spous	e, iegitimate, illegii	imate, incapacitate	ed, adopte	d, step-child or pare	ent) if
(a) NAME (Last, First, MI)	(b) ADDRESS, CITY, STATE, ZIF	or COUNTRY	(c) RELATION:	SHIP	(d) DOB	
PUBLIC, JANE, Q	123 MAIN ST, BASE X AFI		DAUGHTER	OT III	20021001	į.
		- A			20021001	
9. IF DEPENDENT NAMED ABOVE IS A CHILD WHOSE	PARENT IS A MILITARY MEMBER O	P THE CROHOL OF				
NAME	SSN	BRANCH O	F SERVICE	DE THE FO	LLOWING STATION	
					STATION	
P)	ART C- MEMBERS CERTIFICATION (F	or members with d	ependents)			
named dependents will result in stopping BAQ, a CERTIFICATION FOR MEMBERS RECEIVING BAQ I I certify that this is my first application YE.	R 35-18) for the dependents name and recouping allowances paid for a FOR SECONDARY DEPENDENTS (Pa	d above. I am awar ny prior periods of rent, adopted, illeg st application was	re that failure to ad- nonsupport itimate incanacitat	ed child o	r sten-child)	
I understand that my failure to comply with the a stalement or claim against the US Government connection with a claim is a maximum fine of ST well as any changes in my housing arrangemen appropriate requirements may cause involuntary MEMBERS SIGNATURE	0,000 or imprisonment for 5 years,	or both. I will repo	willfully making a f rt any changes of d	alse claim dependent	or false statement s status or resident my failure to compl came erroneous.	t in
SIGNATURE	John Q Public	11110	4	. \	DATE	
CIGIOTOTIC		(Wet Sig	nature or	1/4)	TODAY'S DA	TE
	OFFICIAL USE ON	LY /				
START CHANGE CANCEL		PARTIAL	WITHOUT DE	PENDENT	WITH DEPE	ENDENT
DEPENDENCY DETERMINATION: I have determined	that the above named individual is o	ependent on the me	ember based on beir	ng		A STATE OF THE STA
Spouse Single member claiming legitimate ch	ild in custody of another Legit	imate child in single	members custody	Paren	ts Stenshild	
Adopted Child Incapacitated Child Illec	itimate child or Child member	to member marrias	10			
I have determined that the above named indivinoted here	idual is not dependent on member	or eligible to be a	dependent of memb	ber. Reaso	ns for disapproval a	are
I have reviewed documents that support claim	that member is F-7 or above and			5 195	DAY TOWN	
TITLE OF CERTIFYING OFFICIAL		io military necessi	v requires the mon	nher to rec	ide off hace	
		no military necessi				
	SIGNATURE SIGNATUR		OFFICE ADDRES		DATE	

PREVIOUS EDITION IS OBSOLETE

#### Non-custodial dependency

- 1. Fill out AF 594, following the example below
- 2. Submit supporting documentation to HQ RIO RPO
  - Divorce decree showing child support amount (notarized and signed copy)
  - Youngest child's birth certificate
- 3. Sample AF 594:

APPLICATION AND AUT	HORIZATION TO START,	STOP OR CH	IANGE BASIC	ALLOW	ANGE	
TOR QUAR	EKS (BAQ) OR DEPEND	ENCY REDET	ERMINATION	ALLOW	ANCE	
AUTHORITY: 37 USC 043, Public Law 96-343, EC	PRIVACY ACT STAT	EMENT I	Divorced - No	on-Cust	odial	
ROUTINE USE(S): Information may be disclosed	o the Internal Davison Co	tax information or	n members Social	Security Ac	Iministration or information as	
possible violations of the law, the American Red C	Seen for information in mountained in	normation, and the	Department of Ju	stice for in	vestigating or prosecuting	
to determine needs of a member or deserted to	rece for information concerning in	e needs of the mei	mber or dependent	s emergen	cy situations, the Air Force	
insurance companies for allotment information and	financial institutions, for deposits	and/or payments.	nications, state and	d local gove	ernments for tax and welfare	
Processories, voluntary, riowever, failure to prov	ide ali information including Social	Security Number (	SSN) may result in	попрауте	ent of BAQ	
PART A - IDENTIFICATION & DU  1. NAME (Last, First, MI)	TY LOCATION		HOUSING OFFICE	or BILLE	TING OFFICIAL	
PUBLIC, JOHN Q		NON-AVAIL	ABILITY/ASSIGN	MENT/TER	MINATION OF QUARTERS	
2. SSN 3. GRADI	4. PHONE		NOT ASSIGNED	DATE:		
123-45-6789 MSGT	DSN 111-1111	ADEQUATE QUA EFFECTIVE DAT	ARTERS ASSIG	NED T	ERMINATED	
5. DUTY LOCATION (Base, State, ZIP Code or Count	ry)	INADEQUATE Q			UNIT #	
GENERIC AFB, CO, 80000		EFFECTIVE DAT		GNED [	TERMINATED UNIT #	
PART B - MARITAL/DEPENDEN		TRANSIENT QU	ARTERS OCCUPIE	D - UNIT #	ONT #	
6 SINGLE, NO DEPENDENTS SINGLE	, CLAIMING DEPENDENT(S)	EFFECTIVE DAT	ES FROM:		TO:	
MARRIED - SPOUSE IS A CIVILIAN MILIT		TITLE				
IF MILITARY SPOUSE - NAME, SSN, BRANCH OF SE	RVICE STATION AND DATE					
OF MARRIAGE:	THOE, OTATION AND DATE	SIGNATURE				
DIVORCED YYYYMMDD LEGALL	DATE DATE					
(Date)	(Date)	_				
7. NON-CUSTODIAL PARENTS: I PAY THE FULL	AMOUNT OF WITH-DEPENDENT R	ATERAO OR M	¢ 00 D	DE MONTH		
BASED ON: a. DIVORCE DECREE b. COI	IRT ORDER & TIECAL SERADA	TION 400000	300 P	RE MONTH	FOR DEPENDENT SUPPORT	
	C. LEGAL SEPARA	TION AGREEMENT	OR d. WRITT	EN AGREE	MENT WITH CHILD'S	
8.1 CLAIM BAQ FOR THE DEPENDENT IN	NOT IN MY CUSTODY LISTED	BELOW (Effective)	Dotals Jan C 1	7	et and	
		se, legitimate, illeg	itimate, incapacita	ted adonte	d step-child or parent) if	
				icu, adopte	a, step-critia or parent) if	
(a) NAME (Last, First, MI) PUBLIC, JANE, O	(b) ADDRESS, CITY, STATE, ZIF		(c) RELATION	NSHIP	(d) DOB	
TOBLIC, JANE, Q	123 MAIN ST, BASE X AFI	B, CO 80000	DAUGHTER		20021001	
9. IF DEPENDENT NAMED ABOVE IS A CHILD WHOSE	PARENT IS A MILITARY MEMBER, C	OR THE SPOUSE OF	F A MEMBER PROV	IDE THE FO	DLLOWING	
NAME	SSN	BRANCH C	F SERVICE		STATION	
	DT 6 MEURING					
A I CELLIA LIIGLI DIOVIGE AGEGIJATE SUNDORT ISON AF	RT C- MEMBERS CERTIFICATION (F		0.00			
named dependents will result in stopping BAQ, a	nd recouping allowances paid for a	d above. I am awa nv prior periods of	re that failure to a	dequately s	support the above	
				ated child o	r sten-child)	
I understand that my failure to comply with the a statement or claim against the US Government connection with a claim is a maximum fine of St						
appropriate requirements may cause involuntary MEMBER'S SIGNATURE	collection of any resulting indebte	dness retroactive	to the date the ent	itlement be	came erroneous.	
SIGNATURE	then all	1- 1		1	DATE	
SIGNATURE	1/8/1 OFhb		Signature	only)	TODAY'S DATE	
	OFFICIAL USE ON	ILY	,	/		
START CHANGE CANCEL	REPORT STOP	PARTIAL	☐ WITHOUT D	EPENDENT	WITH DEPENDENT	
DEPENDENCY DETERMINATION: I have determined	that the above named individual is o				WITH DEPENDENT	
Spouse Single member claiming legitimate ch	ild in custody of another	timate child in al	ember based on be e members custody	ıng		
Adopted Child Incapacitated Child Illeg	itimate shild or Child manha	timate crinic in singi	e members custody	/   Parer	nts Stepchild	
I have determined that the above named indivinoted here	idual is not dependent on member	or eligible to be a	ge dependent of mem	ber. Reaso	ons for disapproval are	
I have reviewed documents that support claim	that member is E-7 or above and	no military necess	ity requires the me	mber to res	side off base.	
TITLE OF CERTIFYING OFFICIAL	SIGNATURE		OFFICE ADDRE		DATE	
	SIGNATUR	EAST OF THE	1		J. II.	
AF Form 594, NOV 90	PREVIOUS EDITION IS	AND THE PROPERTY OF	3			

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### LEGALLY SEPARATED

- 1. Fill out AF 594, following the example below
- 2. Submit supporting documentation to HQ RIO RPO
  - Legal separation decree
  - Youngest child's birth certificate (if applicable)
  - FSO will seek legal review from SJA and make determination of entitlements
- 3. Sample AF 594:

		- / :	. (-1.)	V111111 11F	FFNIIF	MA A
APPLICATION AN	ND AUTHO	ORIZATION TO START,	STOP OF CL	HANGE BASIC	ALLOW	ANCE
101	WOAKTER	KS (BAQ) OR DEPENDE	ENCY REDET	ERMINATION	ALLO	ANCE
AUTHORITY: 37 USC 043, Public Law 9	96-343, EQ 93	397 PRIVACY ACT STATI	EMENT I	egally Separate	ed -Non	-Custodial
				0 / 1		
Dossible violations of the law the America	000 Dad 0		mormation, and the	ie Department of Ju	istice for inve	estigating or prosecuting
to determine needs of a member or done	andanta in a		o needs of the me	sinuer or dependent	s emergenc	y situations, the Air Force
insurance companies for allotment inform	notion and fi-	be and the second second	ileation of loan app	plications, state and	d local gover	rnments for tax and welfare
- Towever, Tallu	ire to provide a	all information including Social	Security Number (	(SSN) may result in	ı nonpaymer	nt of BAQ
PART A - IDENTIFICATION  1. NAME (Last, First, MI)	ON & DUTY I	LOCATION		HOUSING OFFICE	or BILLETI	ING OFFICIAL
PUBLIC, JOHN Q			NON-AVAIL	LABILITY/ASSIGNN	MENT/TERM	MINATION OF QUARTERS
2. SSN	3. GRADE	4. PHONE	QUARTERS ARE	RE NOT ASSIGNED		
100 000	MSGT	DSN 111-1111	ADEQUATE QUA		TE	ERMINATED
5. DUTY LOCATION (Base, State, ZIP Code		DSN 111-1111	EFFECTIVE DAT			UNIT #
GENERIC AFB, CO, 80000	Tor Gouna,		INADEQUATE Q	QUARTERS ASSI	5535	ERMINATED
PART B - MARITAL/DE	CDENDENT S	71710	EFFECTIVE DAT		GINED	UNIT #
				JARTERS OCCUPIE	D - UNIT #	12
6 SINGLE, NO DEPENDENTS	SINGLE, CLA	AIMING DEPENDENT(S)	EFFECTIVE DAT	iES FROM:		TO:
MARRIED - SPOUSE IS A CIVILIAN	MILITARY	Y MEMBER	TITLE			
IF MILITARY SPOUSE - NAME, SSN, BRANG	CH OF SERVIC	CE STATION AND DATE				
OF MARRIAGE:	31, 6, 2	JE, STATION AND DATE	SIGNATURE			
DIVORCED	ZIECALIVS	TOTAL TANADA (ADD	DATE			
(Date)	LEGALLI	SEPERATED YYYYMMDD (Date)				
7. NON-CUSTODIAL PARENTS: I PAY	THE CHILL AN	(Udia)	The second second second			
21252 21	THE FULL AND	OUNT OF WITH-DEPENDENT R	ATE BAQ, OR	, \$00 PF	RE MONTH F	FOR DEPENDENT SUPPORT
BASED ON: a. DIVORCE DECREE	b. COURT	ORDER C. LEGAL SEPARA	TION AGREEMENT	T. OR d. WRITT	EN AGREEN	JENT WITH CHILD'S
* . TO SHALL SOR THE DEDCHOEN	- 57			CUSTO	ODIAN	IENT WITH CHILD'S
8. I CLAIM BAQ FOR THE DEPENDENT	IN X	NOT IN MY CUSTODY LISTED F	BELOW (Effective	0-1-1 1 2		ant
Note: Indicate the civilian dependent you a dependent is a child include the date of bir		and the relationship (i.e., spous	se, legitimate, illeg	citimate, incapacital	led. adopted	ston-child or narent) if
dependent is a child include the date of bir (a) NAME (Last, First, MI)	1					, Step-time or peromy .
		(b) ADDRESS, CITY, STATE, ZIF		(c) RELATION	1SHIP	(d) DOB
PUBLIC, JANE, Q	12	23 MAIN ST, BASE X AFI	B, CO 80000	DAUGHTER		20021001
						2002103
9. IF DEPENDENT NAMED ABOVE IS A CHILE	D WHOSE PAI	DENT IS A MILITARY MEMBER (	- TIT CROUSE C	222 200		mag 1 E - L
NAME	J WHOSE	RENT IS A MILITARY MEMBER, C	DR THE SPOUSE OF	OF A MEMBER PROVI	DE THE FOL	
		-	DIMITOLI	)F SERVICE		STATION
	PART	C- MEMBERS CERTIFICATION (F	with			
I certify that I provide adequate support					Y-4-21	
named dependents will result in stoppin	ng BAQ, and r	recouping allowances paid for a	d above, i am awa	are that failure to au	lequately su	ipport the above
					ated child or	sten-child)
connection with a claim is a maximum	fine of \$10.00	00 or imprisonment for 5	that the penalty for	or willfully making a	false claim,	or false statement in
well as any changes in my housing arra	angements im	prodictely to the Assessi	or both. I will repo	ort any changes of	dependent's	s status or residence, as
appropriate requirements may cause in	nvoluntary col	llection of any resulting indebte	adness retroactive	(AFO). I also under	stand that n	ny failure to comply with
MEMBER'S SIGNATURE			Uliess retroductive	to the date the erm	dement beca	
SIGNATURE	03/05/03/	TI OPHI	Cot F	1 11 1		DATE
	SCHOOL STATE OF THE PARTY OF TH	John Q Public ( OFFICIAL USE ON	Wel Digna	here Only)		TODAY'S DATE
		OFFICIAL USE ON	1LY	0		
START CHANGE C	CANCEL _	REPORT STOP	PARTIAL	WITHOUT DE	EDENDENT	WITH DEPENDENT
DEPENDENCY DETERMINATION: I have de	stermined that	It the above named individual is d	dependent on the		37,000	SCORE WITHOUT ASSOCIATION AND A
Spouse Single member claiming lec	-timata child ir	. the above named individual is u	lependent on the m	ember based on bei	ng	
Spouse Single member claiming leg	itimate crisic iii	custody of another Legit	timate child in singl	le members custody	Parent	s Stepchild
	Illegitima	ate child or   Child member	r to member morrie	100		
I have determined that the above nar noted here	med individual	al is not dependent on member	or eligible to be a	dependent of mem		
I have reviewed documents that supp	port claim that	t member is E-7 or above and	no military necess	sity requires the me	mber to resi	ide off base.
TITLE OF CERTIFYING OFFICIAL		SIGNATURE	Line	OFFICE ADDRESS		

PREVIOUS EDITION IS OBSOLETE

SIGNATURE

OFFICE ADDRESS

DATE

SIGNATURE